

REQUEST TO ARRIVE LATE/LEAVE EARLY SCHOOL YEAR 2015-2016



NAME: _____ EMPLOYEE # _____ SUBJECT AREA/GRADE: _____

Current Date	Requested Date	Time	Reason	Coverage needed? (Who will provide your coverage?)		Request	
				Yes(Name)	No	Approved	Denied

* Please remember to sign the "Sign-In/Sign-Out Book."

Also, retain a copy for School-Site File **(24 –hour Notice Required for Request).**

Revised 08/2015